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To: Commissioner P.O. Box 1450 Alexandria, VA			
Please withdraw me as attorney or agent for the above identified patent application, and			
 ☐ All the attorneys/agents of record ☐ The attorneys/agents (with registration numbers) listed on the attached papers(s), or ☐ The attorneys/agents associated with Customer Number 44654 NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. 			
The reasons for	this request are:		
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			re at least 30 days between approval of withdrawal